



United States Patent and Trademark Office

DEWIPAT File No. 30.007.10.US

Form PTO/SB/122
(Modified)**Change of Correspondence Address
Application****2006**

Application No.	10/632,943	Attorney Docket	ARC3274R1
Filing Date	2003-07-31	Customer No.	30766
Applicant	Scott GILBERT	Confirmation No.	4967
Examiner	Laura C. Schell	Art Unit	3767
Title	Injection Device Providing Automatic Needle Retraction		

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number:

27777

OR

<input type="checkbox"/> Firm/Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record.. Registration Number **42254**.☐ Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number ____.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Printed Name	Adenike A. Adebiyi		
Signature	<i>Adenike Adebiyi</i>		
Date	July 13, 2006	Telephone	281-856-8646

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.